



Missouri Public Service Commission Manufactured Housing & Modular Unit Program Inspection Request Form

Please print legibly or type.

CONSUMER INFORMATION (REQUIRED)		OFFICE USE ONLY	
Name		File Name	
Address		Inspector	
City/State/Zip		Date Filed	
County		Received By	
Work Phone		Date of Inquiry	
Home Phone		HOME INFORMATION (REQUIRED)	
Other Phone		<input type="checkbox"/> New or <input type="checkbox"/> Used <input type="checkbox"/> Single or <input type="checkbox"/> Multi-Section	
MANUFACTURER INFORMATION (REQUIRED)		Set Up <input type="checkbox"/> Basement <input type="checkbox"/> Foundation <input type="checkbox"/> Piers	
Name		Serial Number (REQUIRED)	
Address		HUD Label Number	
City/State/Zip		Model	
DEALER INFORMATION (REQUIRED)		Date of Manufacture	
Name		Date Home Delivered	
Address		Has the home been moved from original location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State/Zip		Are you the first owner of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON FOR REQUEST (REQUIRED) List each concern separately. Do not write concerns in paragraph form.			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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9.			
10.			
11.			
12.			
13.			
14.			
15.			
Attach additional sheets if necessary.			
Signature of Consumer (REQUIRED)		Date	
RETURN TO: Manufactured Housing & Modular Unit Program P.O. Box 360, Jefferson City, MO 65102 PHONE: 800-819-3180 FAX: 573-522-2509			